(Insert Medicaid, CHIP, or Both) State: Medicaid & CHIP Kentucky

Section A. Verification Procedures for Factors of Eligibility

			rocedures	s for Factors of Eligibility				
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio	ic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibili ty Standard for Income	Explanatio	Paper Documentati on Required from the Individual (Y/N)	Comments
Income*	NO	NO	YES	Both are above, at or below the applicable income standard.  Percent Threshold	10%	YES	YES	If the individual attests to income below the income standard, and data sources indicate income above the standard, and the difference between the two is greater than 10%, a reasonable explanation and/or paper documentation will be requested. If the individual attests to income above the applicable standard, will take that attestation, determine ineligibility, and screen for APTC.
Residency	NO	YES	YES	N/A	N/A	YES	YES	Accept self attestation with post eligibility verification. If attestation is not consistent with internal data source sources and the inconsistency would affect eligibility, will follow up with individual. PARIS Interstate internal data sources used for verification, with TANF and SNAP as secondary sources used prior to requesting additional information.
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	Self-attestation accepted in the majority of cases. However, if an inconsistency were to be identified in the course of other verifications or notification of a change in curcumstances that would affect eligibility, reasonable explanation and/or paper documentation may be required. State on-line birth certificates used to resolve inconsistencies prior to requesting paper documentation.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	

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Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio	ic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibili ty Standard for Income	Explanatio	on Required from the Individual	
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	Self-attestation accepted in the majority of cases. However, if an inconsistency were to be identified in the course of other verifications or notification of a change in curcumstances that would affect eligibility, and cannot be verified electronically reasonable explanation and/or paper documentation may be required. If so, IRS tax return data utilized to try and resolve inconsistencies.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	If external sources indicate potential fraud, reasonable explanation and/or paper documentation maybe required. External data sources might be MCO contractors, or physicians reporting potential fraud.
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio	ic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibili ty Standard for Income	Explanatio	Paper Documentati on Required from the Individual (Y/N)	Comments
Medicare	NO	NO	YES	N/A	N/A	YES		The Federal Data Services Hub will be used at application and on demand to verify Other Public Minimum Essengtial Coverage, including Medicare.
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	
Other: (Please describe any other eligibility factors in the space below)								
INCARCERATION	NO	NO	YES	N/A	N/A	YES	YES	Current contract with MCO providers does not allow for Medicaid for incarcerated individuals. Interface to be run at regular intervals to check for change in status.  New system will allow the ability to place the benefits on hold. Kentucky anticipates new system to be in place 10/1, however, the enhancement to place benefits on hold will not be available at that time. The enchancement requirements have not been determined at this time, therefore, there is no available timeframe. Will update when change timeframes determined.

<sup>\*</sup> States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment.

If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

<sup>\*\*</sup> States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

<sup>\*\*\*</sup> States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State:

Kentucky

Section B1. Use of Electronic Data Sources

Financial:

Financial:												
Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	مه خا	Other Criteria Used (Y/N) (Please Describe in Comments section)	Source	Data Source Used at Renew al (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	
1. Internal Revenue Service (IRS)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Other (specify in comments)	On demand. If notified of a reported change in income through existing data match with IRS post enrollment would verify.  Used post enrollment to the extent consent is provided.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	Current data feed utilized post enrollment to identify any changes and/or program integrity.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Other (specify in comments)	used post enrollment on an ad hoc basis when reported change. Second to IRS.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	Other (specify in comments)	used post enrollment on an ad hoc basis when reported change.
5. State Administered Supplementary Payment Program	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		N/A. Will not be ready for use at 10/1. Will be considered at a later date.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		N/A. KY has none.
7. Supplemental Nutrition Assistance Program (SNAP)	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		N/A. No other consideration made. Data source unavailable.
8. Temporary Assistance for Needy Families (TANF)	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		N/A. No other consideration made. Data source unavailable.
9. Office of Child Support Enforcement (OCSE)	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		N/A. Data source unavailable.
10. State Income Tax	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		N/A. Data source unavailable.
	I											

11. Commercial database: (Pease describe any commercial databases in the space below)

Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	omprehens Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicati on (Y/N)		Dost-	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	
THE WORK NUMBER	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES		Plan to use through the Hub. Using post enrollment through current feed to identify any changes and/or program integrity purposes.  Frequency ad-hoc.
12. Other: (Please describe any additional electronic data sources in the space below)												

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Kentucky

Section B2. Use of Electronic Data Sources

Non-Financial:

Non-Financial:																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	l Freduency	Comments
1. Social Security Administration (SSA)	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES	NO	YES	Monthly	Incarceration status.  Data source can be utilized if needed for Age/DOB.  Used post enrollment for incarceration and Medicare.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	Other (specify in comments)	Used at post enrollment to verify changes in status and/or 5yr bar.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES	Other (specify in comments)	Used for death matches and notice of newborns. Can be used at post enrollment, if needed.  Data source can be utilized if needed for Age/DOB.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Do not utilize DMV for MAGI population. For Non-MAGI population, use for resource eligibility.
5. Temporary Assistance for Needy Families (TANF)	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES		comments)	Used if inconsistent data received from PARIS related to residency post enrollment.  If needed, can be utilized to verify household comp.
6. Supplemental Nutrition Assistance Program (SNAP)	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO		(specify in comments)	Used if inconsistent data received from PARIS related to residency post enrollment.  If needed, can be utilized to verify household comp.
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Other (specify in comments)	Frequency on demand. Non cooperation with medical support. Once individual does cooperate, State received notification from Child Support Enforcement.
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
11. Commercial database: (Please describe any commercial databases in the space below)								· · · · · · · · · · · · · · · · · · ·			· · · · · · ·						
12. PARIS*	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	·	Used to verify residency and benefits in other states. Kentucky has been notified that PARIS will be available monthly.
13. Other: (Please describe additional electronic data sources in the space provided below)																	

If used for other purposes, please indicate in Section D.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN
SECTION B2 - Use of Electronic Data Sources, Non-Financial

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Kentucky

## Section C . Additional Factors of Eligibility for Separate CHIP

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
Applicant does not have other coverage	NO	YES	YES	NO	Applied	Electronic verification through TPL Vendor. If a discrepancy is identified, State will reach out to individual for reasonable explanation. Same procedures also applies to Medicaid expansion program.
2. Applicant does not have access to affordable ESI	NO	YES	YES	NO		Electronic verification through TPL Vendor. If a discrepancy is identified, State will reach out to individual for reasonable explanation.
3. When child has had coverage (as applicable to states' waiting period)	NO	YES	YES	NO		Electronic verification through TPL Vendor. If a discrepancy is identified, State will reach out to individual for reasonable explanation.
4. Access to public employee coverage	YES	NO	NO	NO		
5a. Waiting period exception #1 (describe):	NO	YES	YES	YES		Kentucky applied a 6 month waiting period. Documentation only if inconsistent data received.
5b. Waiting period exception #2 (describe):	YES	NO	NO	NO		Divorce.
5c. Waiting period exception #3 (describe):	YES	NO	NO	NO		Loss of Employment.
5d. Waiting period exception #4 (describe):	YES	NO	NO	NO		Employer no longer offers health insurance.
5e. Waiting period exception #5 (describe):					N/A	
5f. Waiting period exception #6 (describe):					N/A	

Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)		Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
				N/A	
	Accepted without Additional	Accepted without Accepted with Additional Post-Enrollment	Self-Attestation Accepted without Additional Verification  Self-Attestation Accepted with Accepted with Post-Enrollment Verification (Y/N)  Source Used (Y/N) If Yes, please describe in	Self-Attestation Accepted without Additional Verification  Self-Attestation Accepted with Post-Enrollment Verification (Y/N)  Source Used (Y/N)  Required from the Individual (Y/N)	Self-Attestation Accepted without Additional Verification Verification Verification Self-Attestation Accepted with Post-Enrollment Verification (Y/N)    Source Used (Y/N)   If Yes, please describe in comments   Non-Applicable (N/A)

MAGLBA	SED ELIGIBILITY VERIFICATION PLAN	
	edicaid, CHIP, or Both)	Medicaid & CHIP
State:	edicaid, Criff, or Bottif	Kentucky
State.		Rentucky
	Section D. Additional Verification Questions	
	Question	Response
	If paper documentation is required when a data source is not	Some information will not be available by electronic means: example: new
	available or the information obtained from a data source is not	self-employment verification, recent marriage/divorce/birth of child which
		could impact the household composition - existing verification will not reflect
	of the individual, briefly describe how the state determined that	those life changes.
	establishing and using an electronic data source was not effective,	
	considering such factors as cost and program integrity in accordance	The state accepts self-attestation without additional verification for many
	with 42 CFR 435.952(c):	factors of eligibility. All other eligibility factors are verified through electronic
	• •	data source and/or self attestation. Reasonable explanation/paper
1		documentation will only be requested if unable to verify through source or
		inconsistancy with attestation and data source.
		State also uses various back-up data sources; i.e. Vital Statistics for verification
		of Citizenship.
	Please describe how the state uses PARIS?	KY plans on using the PARIS information in multiple ways: potential dual
		receipt (residency); TPL issue (VA and Federal file). When the appropriate
		paperwork is received, KY plans to partner with KY Veterans Affairs to share
2		information from the VA and Federal Interface files for outreach efforts by
		Veterans Affairs.
	Discovery discover (VEC) as (NO) if the Control is	
3	Please indicate (YES) or (NO) if the State intends to request	
	Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948	NO
	(Numbers 1-8 in Section B-1).	
	(Manipers 1-0 iii Section D-1).	

	Question	Response
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:  1) Reduces administrative costs and burdens on both individuals and the State,  2) Maximizes accuracy and minimizes delay,  3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and  4) Promotes coordination with other insurance affordability programs.	
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:  1) Reduces administrative costs and burdens on both individuals and the State,  2) Maximizes accuracy and minimizes delay,  3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and  4) Promotes coordination with other insurance affordability programs.	
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	

Section A. Additional Comments		
Section B1. Additional Comments		
Section B2. Additional Comments		
Section C. Additional Comments		